

B22A (Official Form 22A) (Chapter 7) (01/08)

In re: **Flynn, Edith**

Debtor(s)

Case Number: _____

(If known)

According to the calculations required by this statement:

☐ **The presumption arises**

☒ **The presumption does not arise**

(Check the box as directed in Parts I, III, and VI of this statement.)

**CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME
AND MEANS-TEST CALCULATION**

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

Part I. EXCLUSION FOR DISABLED VETERANS AND NON-CONSUMER DEBTORS

1A	<p>If you are a disabled veteran described in the Veteran's Declaration in this Part I, (1) check the box at the beginning of the Veteran's Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Veteran's Declaration. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. § 901(1)).</p>
1B	<p>If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.</p> <p><input type="checkbox"/> Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.</p>

Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7) EXCLUSION

2	<p>Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.</p> <p>a. <input type="checkbox"/> Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>b. <input checked="" type="checkbox"/> Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjury: "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." Complete only Column A ("Debtor's Income") for Lines 3-11.</p> <p>c. <input type="checkbox"/> Married, not filing jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B (Spouse's Income) for Lines 3-11.</p> <p>d. <input type="checkbox"/> Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</p>												
	<p>All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.</p>		<p>Column A Debtor's Income</p>	<p>Column B Spouse's Income</p>									
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	2,140.63	\$									
4	<p>Income from the operation of a business, profession or farm. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 4. If you operate more than one business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. Do not include any part of the business expenses entered on Line b as a deduction in Part V.</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 5%;">a.</td> <td>Gross receipts</td> <td style="width: 15%;">\$</td> </tr> <tr> <td>b.</td> <td>Ordinary and necessary business expenses</td> <td>\$</td> </tr> <tr> <td>c.</td> <td>Business income</td> <td>Subtract Line b from Line a</td> </tr> </table>		a.	Gross receipts	\$	b.	Ordinary and necessary business expenses	\$	c.	Business income	Subtract Line b from Line a	\$	\$
a.	Gross receipts	\$											
b.	Ordinary and necessary business expenses	\$											
c.	Business income	Subtract Line b from Line a											

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5	Rent and other real property income. Subtract Line b from Line a and enter the difference in the appropriate column(s) of Line 5. Do not enter a number less than zero. Do not include any part of the operating expenses entered on Line b as a deduction in Part V.						
	a.	Gross receipts	\$				
	b.	Ordinary and necessary operating expenses	\$				
	c.	Rent and other real property income	Subtract Line b from Line a				
			\$	\$			
6	Interest, dividends, and royalties.		\$	\$			
7	Pension and retirement income.		\$	\$			
8	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.		\$	\$			
9	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Unemployment compensation claimed to be a benefit under the Social Security Act</td><td style="width: 20%;">Debtor \$ _____</td><td style="width: 40%;">Spouse \$ _____</td></tr> </table>		Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____	\$	\$
Unemployment compensation claimed to be a benefit under the Social Security Act	Debtor \$ _____	Spouse \$ _____					
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	a.		\$				
	b.		\$				
	Total and enter on Line 10		\$	\$			
11	Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).		\$ 2,140.63	\$			
12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		\$ 2,140.63				
Part III. APPLICATION OF § 707(B)(7) EXCLUSION							
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.			\$ 25,687.56			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: <u>Illinois</u> b. Enter debtor's household size: <u>2</u>			\$ 57,829.00			
15	Application of Section 707(b)(7). Check the applicable box and proceed as directed.						
	<input checked="" type="checkbox"/> The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI, or VII.						
	<input type="checkbox"/> The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.						

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

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Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)

16	Enter the amount from Line 12.	\$									
17	<p>Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 65%;"></td> <td style="width: 30%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td></td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td></td> <td style="text-align: center;">\$</td> </tr> </table>	a.		\$	b.		\$	c.		\$	\$
a.		\$									
b.		\$									
c.		\$									
18	Current monthly income for § 707(b)(2). Subtract Line 17 from Line 16 and enter the result.	\$									

Part V. CALCULATION OF DEDUCTIONS FROM INCOME

Subpart A: Deductions under Standards of the Internal Revenue Service (IRS)

19A	<p>National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$																								
19B	<p>National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 14b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">Household members under 65 years of age</th> <th colspan="3" style="text-align: left;">Household members 65 years of age or older</th> </tr> </thead> <tbody> <tr> <td style="width: 5%; text-align: center;">a1.</td> <td style="width: 60%;">Allowance per member</td> <td style="width: 35%;"></td> <td style="text-align: center;">a2.</td> <td>Allowance per member</td> <td></td> </tr> <tr> <td style="text-align: center;">b1.</td> <td>Number of members</td> <td></td> <td style="text-align: center;">b2.</td> <td>Number of members</td> <td></td> </tr> <tr> <td style="text-align: center;">c1.</td> <td>Subtotal</td> <td></td> <td style="text-align: center;">c2.</td> <td>Subtotal</td> <td></td> </tr> </tbody> </table>	Household members under 65 years of age			Household members 65 years of age or older			a1.	Allowance per member		a2.	Allowance per member		b1.	Number of members		b2.	Number of members		c1.	Subtotal		c2.	Subtotal		\$
Household members under 65 years of age			Household members 65 years of age or older																							
a1.	Allowance per member		a2.	Allowance per member																						
b1.	Number of members		b2.	Number of members																						
c1.	Subtotal		c2.	Subtotal																						
20A	<p>Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$																								
20B	<p>Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 42; subtract Line b from Line a and enter the result in Line 20B. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td> <td style="width: 60%;">IRS Housing and Utilities Standards; mortgage/rental expense</td> <td style="width: 35%; text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">b.</td> <td>Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42</td> <td style="text-align: center;">\$</td> </tr> <tr> <td style="text-align: center;">c.</td> <td>Net mortgage/rental expense</td> <td style="text-align: center;">Subtract Line b from Line a</td> </tr> </table>	a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$	c.	Net mortgage/rental expense	Subtract Line b from Line a	\$															
a.	IRS Housing and Utilities Standards; mortgage/rental expense	\$																								
b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42	\$																								
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21	<p>Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:</p>	\$									
22A	<p>Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.</p> <p>Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 8.</p> <p><input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>If you checked 0, enter on Line 22A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 22A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
22B	<p>Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</p>	\$									
23	<p>Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)</p> <p><input type="checkbox"/> 1 <input type="checkbox"/> 2 or more.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 42; subtract Line b from Line a and enter the result in Line 23. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 1</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs	\$	b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a									
24	<p>Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.</p> <p>Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 42; subtract Line b from Line a and enter the result in Line 24. Do not enter an amount less than zero.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">IRS Transportation Standards, Ownership Costs, Second Car</td><td style="width: 35%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Net ownership/lease expense for Vehicle 2</td><td style="text-align: center;">Subtract Line b from Line a</td></tr> </table>	a.	IRS Transportation Standards, Ownership Costs, Second Car	\$	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a	\$
a.	IRS Transportation Standards, Ownership Costs, Second Car	\$									
b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$									
c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a									

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25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.	\$									
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.	\$									
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.	\$									
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.	\$									
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.	\$									
30	Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.	\$									
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.	\$									
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.	\$									
33	Total Expenses Allowed under IRS Standards. Enter the total of Lines 19 through 32.	\$									
Subpart B: Additional Expense Deductions under § 707(b) Note: Do not include any expenses that you have listed in Lines 19-32											
34	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents. <table border="1" style="width: 100%; margin-top: 10px; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 75%;">Health Insurance</td><td style="width: 20%; text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Disability Insurance</td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td>Health Savings Account</td><td style="text-align: center;">\$</td></tr> </table> <p>Total and enter on Line 34</p> <p>If you do not actually expend this total amount, state your actual total average monthly expenditures in the space below:</p> <p>\$ _____</p>	a.	Health Insurance	\$	b.	Disability Insurance	\$	c.	Health Savings Account	\$	\$
a.	Health Insurance	\$									
b.	Disability Insurance	\$									
c.	Health Savings Account	\$									
35	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses.	\$									
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.	\$									

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37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.	\$																									
38	Education expenses for dependent children less than 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.	\$																									
39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.	\$																									
40	Continued charitable contributions. Enter the amount that you will continue to contribute in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2).	\$																									
41	Total Additional Expense Deductions under § 707(b). Enter the total of Lines 34 through 40	\$																									
Subpart C: Deductions for Debt Payment																											
42	<p>Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 15%;">Average Monthly Payment</th><th style="width: 20%;">Does payment include taxes or insurance?</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: center;">\$</td><td style="text-align: center;"><input type="checkbox"/> yes <input type="checkbox"/> no</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td><td></td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no	c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no		Total: Add lines a, b and c.				\$
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?																							
a.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
b.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
c.			\$	<input type="checkbox"/> yes <input type="checkbox"/> no																							
	Total: Add lines a, b and c.																										
43	<p>Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;"></th><th style="width: 30%;">Name of Creditor</th><th style="width: 30%;">Property Securing the Debt</th><th style="width: 35%;">1/60th of the Cure Amount</th></tr> </thead> <tbody> <tr> <td style="text-align: center;">a.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td style="text-align: center;">c.</td><td></td><td></td><td style="text-align: center;">\$</td></tr> <tr> <td></td><td colspan="3" style="text-align: right;">Total: Add lines a, b and c.</td></tr> </tbody> </table>		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	a.			\$	b.			\$	c.			\$		Total: Add lines a, b and c.			\$					
	Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount																								
a.			\$																								
b.			\$																								
c.			\$																								
	Total: Add lines a, b and c.																										
44	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 28.	\$																									

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45		<p>Chapter 13 administrative expenses. If you are eligible to file a case under chapter 13, complete the following chart, multiply the amount in line a by the amount in line b, and enter the resulting administrative expense.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%; text-align: center;">a.</td><td style="width: 60%;">Projected average monthly chapter 13 plan payment.</td><td style="width: 35%;">\$</td></tr> <tr> <td style="text-align: center;">b.</td><td>Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)</td><td style="text-align: center;">X</td></tr> <tr> <td style="text-align: center;">c.</td><td>Average monthly administrative expense of chapter 13 case</td><td>Total: Multiply Lines a and b</td></tr> </table>	a.	Projected average monthly chapter 13 plan payment.	\$	b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X	c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b	\$
a.	Projected average monthly chapter 13 plan payment.	\$										
b.	Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)	X										
c.	Average monthly administrative expense of chapter 13 case	Total: Multiply Lines a and b										
46		Total Deductions for Debt Payment. Enter the total of Lines 42 through 45.	\$									
Subpart D: Total Deductions from Income												
47		Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.	\$									
Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION												
48		Enter the amount from Line 18 (Current monthly income for § 707(b)(2))	\$									
49		Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))	\$									
50		Monthly disposable income under § 707(b)(2). Subtract Line 49 from Line 48 and enter the result.	\$									
51		60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.	\$									
52		<p>Initial presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than \$6,575. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount set forth on Line 51 is more than \$10,950. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VI.</p> <p><input type="checkbox"/> The amount on Line 51 is at least \$6,575, but not more than \$10,950. Complete the remainder of Part VI (Lines 53 through 55).</p>										
53		Enter the amount of your total non-priority unsecured debt	\$									
54		Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$									
55		<p>Secondary presumption determination. Check the applicable box and proceed as directed.</p> <p><input type="checkbox"/> The amount on Line 51 is less than the amount on Line 54. Check the box for “The presumption does not arise” at the top of page 1 of this statement, and complete the verification in Part VIII.</p> <p><input type="checkbox"/> The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for “The presumption arises” at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.</p>										

B22A (Official Form 22A) (Chapter 7) (01/08)

Part VII. ADDITIONAL EXPENSE CLAIMS

Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.

	Expense Description	Monthly Amount
a.		\$
b.		\$
c.		\$
Total: Add Lines a, b and c		\$

Part VIII. VERIFICATION

I declare under penalty of perjury that the information provided in this statement is true and correct. *(If this a joint case, both debtors must sign.)*

Date: November 2, 2008 Signature: /s/ Edith Flynn
(Debtor)

Date: _____ Signature: _____
(Joint Debtor, if any)

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition																						
Name of Debtor (if individual, enter Last, First, Middle): Flynn, Edith				Name of Joint Debtor (Spouse) (Last, First, Middle):																									
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																									
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 3818				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):																									
Street Address of Debtor (No. & Street, City, State & Zip Code): 11507 Glen Circle Plainfield, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):																									
ZIPCODE 60585				ZIPCODE																									
County of Residence or of the Principal Place of Business: Will				County of Residence or of the Principal Place of Business:																									
Mailing Address of Debtor (if different from street address)				Mailing Address of Joint Debtor (if different from street address):																									
ZIPCODE				ZIPCODE																									
Location of Principal Assets of Business Debtor (if different from street address above):																													
ZIPCODE																													
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____			Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																							
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.				Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																									
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">1-49</td><td style="text-align: center;">50-99</td><td style="text-align: center;">100-199</td><td style="text-align: center;">200-299</td><td style="text-align: center;">1,000- 5,000</td><td style="text-align: center;">5,001- 10,000</td><td style="text-align: center;">10,001- 25,000</td><td style="text-align: center;">25,001- 50,000</td><td style="text-align: center;">50,001- 100,000</td><td style="text-align: center;">Over 100,000</td></tr></table>										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-299	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>																			
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Estimated Assets <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">\$0 to \$50,000</td><td style="text-align: center;">\$50,001 to \$100,000</td><td style="text-align: center;">\$100,001 to \$500,000</td><td style="text-align: center;">\$500,001 to \$1 million</td><td style="text-align: center;">\$1,000,001 to \$10 million</td><td style="text-align: center;">\$10,000,001 to \$50 million</td><td style="text-align: center;">\$50,000,001 to \$100 million</td><td style="text-align: center;">\$100,000,001 to \$500 million</td><td style="text-align: center;">\$500,000,001 to \$1 billion</td><td style="text-align: center;">More than \$1 billion</td></tr></table>									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																				
Estimated Liabilities <table style="width: 100%; border-collapse: collapse;"><tr><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input checked="" type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td style="text-align: center;">\$0 to \$50,000</td><td style="text-align: center;">\$50,001 to \$100,000</td><td style="text-align: center;">\$100,001 to \$500,000</td><td style="text-align: center;">\$500,001 to \$1 million</td><td style="text-align: center;">\$1,000,001 to \$10 million</td><td style="text-align: center;">\$10,000,001 to \$50 million</td><td style="text-align: center;">\$50,000,001 to \$100 million</td><td style="text-align: center;">\$100,000,001 to \$500 million</td><td style="text-align: center;">\$500,000,001 to \$1 billion</td><td style="text-align: center;">More than \$1 billion</td></tr></table>									<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion																				

Voluntary Petition <i>(This page must be completed and filed in every case)</i>		Name of Debtor(s): Flynn, Edith	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None	Case Number:	Date Filed:	
Location Where Filed:	Case Number:	Date Filed:	
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None	Case Number:	Date Filed:	
District:	Relationship:	Judge:	
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. <div style="display: flex; justify-content: space-between;"> X /s/ Vincent S. Cook 11/02/08 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Signature of Attorney for Debtor(s) Date </div>	
Exhibit C			
Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?			
<input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D			
(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition.			
If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.)			
<input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.			
<input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.			
<input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.)			
<input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)			
_____ (Name of landlord or lessor that obtained judgment)			
_____ (Address of landlord or lessor)			
<input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and			
<input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.			
<input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Flynn, Edith	
Signatures			
Signature(s) of Debtor(s) (Individual/Joint) <p>I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X <u>/s/ Edith Flynn</u> Signature of Debtor Edith Flynn</p> <p>X _____ Signature of Joint Debtor (630) 453-9800 Telephone Number (If not represented by attorney) November 2, 2008 Date</p>		Signature of a Foreign Representative <p>I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition. (Check only one box.)</p> <p><input type="checkbox"/> I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.</p> <p><input type="checkbox"/> Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.</p> <p>X _____ Signature of Foreign Representative _____ Printed Name of Foreign Representative _____ Date</p>	
Signature of Attorney* <p>X <u>/s/ Vincent S. Cook</u> Signature of Attorney for Debtor(s) Vincent S. Cook 6183453 Printed Name of Attorney for Debtor(s) Law Offices Of Vincent Cook Firm Name 403 West Galena Blvd., Suite 206 Address Aurora, IL 60506-3947 (630) 844-1635 Telephone Number November 2, 2008 Date</p> <p>*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.</p>		Signature of Non-Attorney Petition Preparer <p>I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.</p> <p>_____ Printed Name and title, if any, of Bankruptcy Petition Preparer _____ Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.) _____ Address _____ X _____ Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above. _____ Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person. <i>A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.</i></p>	
Signature of Debtor (Corporation/Partnership) <p>I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.</p> <p>The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.</p> <p>X _____ Signature of Authorized Individual _____ Printed Name of Authorized Individual _____ Title of Authorized Individual _____ Date</p>			

IN RE:

Case No. _____

Flynn, Edith

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.][Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Edith Flynn

Date: November 2, 2008

Certificate Number: 03591-ILN-CC-004608111**CERTIFICATE OF COUNSELING**I CERTIFY that on August 5, 2008, at 1:58 o'clock PM CDT,Edith Flynn received fromChestnut Health Systems, Inc.,

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied

with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.Date: August 5, 2008

By

Name DAVID D HILLTitle PROGRAM MANAGER

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Flynn, Edith

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 670,000.00		
B - Personal Property	Yes	3	\$ 71,300.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	2		\$ 824,295.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 42,000.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	15		\$ 172,016.92	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 8,614.46
J - Current Expenditures of Individual Debtor(s)	Yes	3			\$ 14,197.75
TOTAL		31	\$ 741,300.00	\$ 1,038,311.92	

Document Page 15 of 58
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Flynn, Edith

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 42,000.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 42,000.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 8,614.46
Average Expenses (from Schedule J, Line 18)	\$ 14,197.75
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 2,140.63

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 87,795.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 42,000.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 172,016.92
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 259,811.92

IN RE Flynn, Edith

Debtor(s)

Case No.

(If known)

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
11425 Glen Circle Plainfield, Illinois Former residence. Debtor's Interest foreclosed by lender		J	290,000.00	341,678.00
Single family residence, commonly known as 2933 Carlisle Ln., North Aurora Debtor's and estranged Husband's former marital residence, though titled only in Husband's name	Fee Simple	H	380,000.00	399,737.00
TOTAL			670,000.00	

(Report also on Summary of Schedules)

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account in business name at Chase Bank. Account # 000000659851471	W	750.00
		Checking account in the name of David Flynn; Account # 000000653626861	H	200.00
		Debtor checking account at Chase; Account # 000000641470174	W	300.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		2 old computers; desk; sofa set; dining set; tables and other used furnishings	J	700.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		Used clothing	J	300.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Thrift savings Plan	W	500.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.		Debtor was sole stockholder in small family business, Flytel Communications Corporation presently not in god standing; dissolved	W	1,000.00
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X			
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 E250 Cargo Truck	J	2,000.00
		2007 Ford Mustang	H	35,000.00
		2007 Sx4	W	9,500.00
		2007 Toyota Highlander	J	20,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.		Tools, ladders, drills used in business	J	900.00
30. Inventory.	X			

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
31. Animals. 32. Crops - growing or harvested. Give particulars. 33. Farming equipment and implements. 34. Farm supplies, chemicals, and feed. 35. Other personal property of any kind not already listed. Itemize.	X X X X	2003 John Deere Tractor 108	J	150.00
TOTAL				71,300.00

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

- ☐ 11 U.S.C. § 522(b)(2)
☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE A - REAL PROPERTY			
Single family residence, commonly known as 2933 Carlisle Ln., North Aurora Debtor's and estranged Husband's former marital residence, though titled only in Husband's name	735 ILCS 5 §12-901	15,000.00	380,000.00
SCHEDULE B - PERSONAL PROPERTY			
Checking Account in business name at Chase Bank. Account # 000000659851471	735 ILCS 5 §12-1001(b)	750.00	750.00
Checking account in the name of David Flynn; Account # 000000653626861	735 ILCS 5 §12-1001(b)	200.00	200.00
Debtor checking account at Chase; Account # 000000641470174	735 ILCS 5 §12-1001(b)	300.00	300.00
2 old computers; desk; sofa set; dining set; tables and other used furnishings	735 ILCS 5 §12-1001(b)	700.00	700.00
Used clothing	735 ILCS 5 §12-1001(a)	300.00	300.00
Thrift savings Plan	40 ILCS 5 §§22-230, 4-135, 6-213, 19-117	500.00	500.00
Debtor was sole stockholder in small family business, Flytel Communications Corporation presently not in good standing; dissolved	735 ILCS 5 §12-1001(b)	1,000.00	1,000.00
2003 E250 Cargo Truck	735 ILCS 5 §12-1001(c)	1,200.00	2,000.00
Tools, ladders, drills used in business	735 ILCS 5 §12-1001(d)	900.00	900.00
2003 John Deere Tractor 108	735 ILCS 5 §12-1001(b)	150.00	150.00

IN RE Flynn, Edith Debtor(s) Case No. _____ (If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 074124490023 American Suzuki Financial Services Co. L L C P.O. Box 7140 Little Rock, AR 72223	W	March 2007. Lien on certificate of title to a 07 4 wheeler which is in possession of Co-Debtor's niece who owns the vehicle VALUE \$ 9,500.00	X			10,132.00	632.00
ACCOUNT NO. Financial Services Co., L L C P.O. Box 1762 Greeley, CO 80632-1762		Assignee or other notification for: American Suzuki VALUE \$					
ACCOUNT NO. 00414830000236 Chase P.O. Box 9001020 Louisville, KY 40290-1020	J	August, 2005. Home Equity loan on former residence VALUE \$ 290,000.00	X			43,998.00	43,998.00
ACCOUNT NO. Chase P.O. Box 24714 Columbus, OH 43224		Assignee or other notification for: Chase VALUE \$					
Subtotal (Total of this page)						\$ 54,130.00	\$ 44,630.00
Total (Use only on last page)						\$	\$

(Report also on Summary of Schedules.)
(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS
(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBITOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 174453757 Countrywide Bank P.O. Box 650070 Dallas, TX 75265-0070	J	November, 2007. First Mortgage on Principal Residence VALUE \$ 380,000.00	X			399,737.00	19,737.00
ACCOUNT NO. 042214766 Ford Motor Credit P.O. Box 790093 St. Louis, MO 63179-0093	J	2007. Ford Mustang. recently repossessed VALUE \$ 37,000.00	X			43,152.00	6,152.00
ACCOUNT NO. 034602496 Ford Motor Credit P.O. Box 790093 St. Louis, MO 63179-0093	W	Incurred May, 2003. 2003 E250 Work truck. VALUE \$ 2,000.00	X			3,738.00	3,738.00
ACCOUNT NO. 004 6443707 Toyota Financial Services P.O. Box 5855 Carol Stream, IL 60197	W	2007 Toyota Highlander. Purchased in June 2007. VALUE \$ 20,000.00	X			25,858.00	5,858.00
ACCOUNT NO. 0703053439 Washington Mutual 7757 Bayberry Rd Jacksonville, FL 32256	J	July.2005 Mortgage VALUE \$ 290,000.00	X			297,680.00	7,680.00
ACCOUNT NO.							
		VALUE \$					

Sheet no. 1 of 1 continuation sheets attached to
Schedule of Creditors Holding Secured ClaimsSubtotal
(Total of this page)\$ **770,165.00** \$ **43,165.00**Total
(Use only on last page)\$ **824,295.00** \$ **87,795.00**(Report also on
Summary of
Schedules.)(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

IN RE Flynn, Edith

Debtor(s)

Case No.

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☒ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

IN RE Flynn, Edith

Debtor(s)

Case No. _____

(If known)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS
(Continuation Sheet)**Taxes and Other Certain Debts Owed to Governmental Units**

(Type of Priority for Claims Listed on This Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. (See Instructions above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY					
ACCOUNT NO. U S Treasury P.O. Box 1233 Charlotte, NC 28201	J	2004; 2006 and 2007 Federal Income Taxes			X	42,000.00	42,000.00						
ACCOUNT NO. Internal Revenue Service Cincinnati, OH 45999-0030		Assignee or other notification for: U S Treasury											
ACCOUNT NO.													
ACCOUNT NO.													
ACCOUNT NO.													
ACCOUNT NO.													
ACCOUNT NO.													
Sheet no. <u>1</u> of <u>1</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Priority Claims	Subtotal (Totals of this page)					\$ 42,000.00	\$ 42,000.00	\$					
Total (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						\$ 42,000.00							
Total (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							\$ 42,000.00	\$					

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. A. Trojanowska, M D 1049 E Wilson Batavia, IL 60510	W	Medical bill		X		20.00
ACCOUNT NO. 0020013389941500874 American General P.O. Box 3212 Evansville, IN 47732-3212	H	November, 2007. Home Improvement and fence at husband's residence.		X		25,000.00
ACCOUNT NO. American General 2149 W Jefferson St. Joliet, IL 60435-6621		Assignee or other notification for: American General				
ACCOUNT NO. Amy Micepic Suite 100 13246 Rt. 59 Plainfield, IL 60586	W	Therapy balance		X		165.00

14 continuation sheets attachedSubtotal
(Total of this page) \$ **25,185.00**Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules and, if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Associated Pathologists of Joliet Ste 200 330 Madison St Joliet, IL	W	May 15, 2008. Medical		X		373.09
ACCOUNT NO. 1036 Bancroft Family Dental 1940 W Galena Aurora, IL 60506	W	Dental Services.		X		1,789.68
ACCOUNT NO. NCO Financial Systems Inc P.O. Box 18265 Columbus, OH 43218		Assignee or other notification for: Bancroft Family Dental				
ACCOUNT NO. 5049902016520461 Bill Me Later P.O. Box 105658 Atlanta, GA 30348	W	Credit card debt		X		1,503.00
ACCOUNT NO. PennCRO Associates Inc P.O. Box 1878 South Hampton, PA 18960		Assignee or other notification for: Bill Me Later				
ACCOUNT NO. 12-6001-8581 Carson Pirie Scott H S B C P.O. Box 17264 Baltimore, MD 21297-1264	W	May, 2006. Revolving Retail Card		X		1,177.00
ACCOUNT NO. Central Portfolio Control Inc #300 6640 Shady Oak Rd Eden Prairie, MN 55344		Assignee or other notification for: Carson Pirie Scott				

Sheet no. 1 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,842.77**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Retail Services P.O. Box 15521 Wilmington, DE 19850-5521		Assignee or other notification for: Carson Pirie Scott				
ACCOUNT NO. 52361 Cedar Rustic 99 Republic Avenue Joliet, IL 60435	J	October, 2007		X		1,799.00
ACCOUNT NO. 299000501839 Century Trace Homeowners Property Specialists Inc. 5999 S New Wilke Rd, #108 Rolling Meadows, IL 60008	J	Assocaiton dues related to Homeowners Association and Plainfield residence		X		631.50
ACCOUNT NO. 4266-8411-2557-7088 Chase P.O. Box 15153 Wilmington, DE 19886-5153	W	December, 2006. Credit Card		X		6,165.00
ACCOUNT NO. Chase P.O. Box 15298 Wilmington, DE 19850-5298		Assignee or other notification for: Chase				
ACCOUNT NO. 5424-1806-3614-7305 Citi Cards Processing Center P.O. Box 688914 Des Moines, IA 50368-8914	H	November, 2007.		X		6,443.00
ACCOUNT NO. Citi Diamond Preferred Rewards Card Citi Platinum Select Card P.O. Box 6000 The Lakes, NV 89163-6000		Assignee or other notification for: Citi Cards				

Sheet no. 2 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **15,038.50**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 542418040842 Citi Cards Processing Center P.O. Box 6500 Sioux Falls, SD 57117-6500	W	April, 2001. Credit card account		X		4,998.00
ACCOUNT NO. Academy Collection Service Inc 10965 Decatur Rd Philadelphia, PA		Assignee or other notification for: Citi Cards				
ACCOUNT NO. Northland Group Inc P.O. Box 390905 Eduba, NB		Assignee or other notification for: Citi Cards				
ACCOUNT NO. 5424-1804-0842-9576 Citi Platinum Select Card P.O. Box 688918 Des Moines, IA 50368-8919	W			X		0.00
ACCOUNT NO. Citi Diamond Preferred Rewards Card P.O. Box 6000 The Lakes, NV 89163-6000		Assignee or other notification for: Citi Platinum Select Card				
ACCOUNT NO. 5082290008514389 Citibusiness Card P.O. Box 688902 Des Moines, IA 50368	W	Revolving Credit Card		X		3,889.00
ACCOUNT NO. Citi Cards Processing Center P.O. Box 44180 Jacksonville, FL 32231-4180		Assignee or other notification for: Citibusiness Card				

Sheet no. **3** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **8,887.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0444035063 ComEd Bill Payment Center Chicago, IL 60668-0001	W	August, 2008		X		208.30
ACCOUNT NO. NCO Financial Systems Inc 507 Prudential Rd Horsham, PA 19044		Assignee or other notification for: ComEd				
ACCOUNT NO. 5148152055 ComEd Bill Payment Center Chicago, IL 60668-0001	H	Electric at prior residence		X		76.50
ACCOUNT NO. ComEd Bill Payment Center Chicago, IL 60668-0001	W	Electric Service		X		197.82
ACCOUNT NO. Constance J Elsman L C P C Ste 202 1723 Simms St Aurora, IL 60504	W					0.00
ACCOUNT NO. V015506546&V015421415 Delnor Community Hospital P.O. Box 88055 Chicago, IL 60680-1055	W	Medical Services, Feb., March, April, June, September & October, 2008. Also Account V015175359		X		519.16
ACCOUNT NO. KCA Financial Services Inc P.O. Box 53 628 North St Geneva, IL 60134		Assignee or other notification for: Delnor Community Hospital				

Sheet no. **4** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,001.78**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3043 Discover Financial Services P. O. Box 30395 Salt Lake City, UT 84130-0395	H	April, 2005		X		9,921.00
ACCOUNT NO. E044680494 Edward Hospital & Health Services P. O. Box 4207 Carol Stream, IL 60197	W	Feb., and April, 2008. Medical Services		X		625.42
ACCOUNT NO. RCS Revenue Cycle Solutions P.O. Box 7229 Westchester, IL 60154		Assignee or other notification for: Edward Hospital & Health Services				
ACCOUNT NO. First Care Ambulance 1941 Selmartin Rd Aurora, IL 60505-1337	W	Medical Services		X		50.00
ACCOUNT NO. C B Accounts Inc, National Communications P.O. Box 5435 Dep't 102 Carol Stream, IL 60197		Assignee or other notification for: First Care Ambulance				
ACCOUNT NO. 6030090208265126 G E Money Bank P.O. Box 960061 Orlando, FL 32898-0061	W	Credit Card-Various dates. January, 2007.		X		8,083.43
ACCOUNT NO. Allied Interstate 3000 Corporate Exchange Dr Columbus, OH 43231		Assignee or other notification for: G E Money Bank				

Sheet no. 5 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **18,679.85**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Encore Receivable Management Inc. Po Box 3330 400 N Rogers Rd Olathe, KS 66063		Assignee or other notification for: G E Money Bank				
ACCOUNT NO. NCO Financial Systems Inc P.O. Box 61247 Dep't 64 Virginia Beach, VA 23462		Assignee or other notification for: G E Money Bank				
ACCOUNT NO. 414102-06-177919-9 H F C P.O. Box 17574 Baltimore, MD 21297-1574	W	March, 2007. Revolving credit card		X		11,544.00
ACCOUNT NO. H F C 2824 Plainfield Road Joliet, IL 60435		Assignee or other notification for: H F C				
ACCOUNT NO. Home Depot P.O. Box 6497 Sioux Falls, SD 57117-6497	H	Various. Retail Credit Card		X		19,630.00
ACCOUNT NO. 6035320181241181 Home Depot Citibank Processing Center Des Moines, IA 50364-0500	W	February, 2005.		X		18,578.33
ACCOUNT NO. Client Services Inc 3451 Truman Blvd. St. Charles, MO		Assignee or other notification for: Home Depot				

Sheet no. **6** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **49,752.33**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Home Depot P.O. Box 689100 Des Moines, IA 50368-9100		Assignee or other notification for: Home Depot				
ACCOUNT NO. NCO Financial Systems Inc P.O. BOX 15889 Wilmington, DE 19850		Assignee or other notification for: Home Depot				
ACCOUNT NO. Illinois Community College District 525 Joliet Junior College 215 Houbolt Rd Joliet, IL 60431	W	January, 2008 School books		X		398.55
ACCOUNT NO. 248-654-661-3 J C P /G E Money Bank P.O. Box 960090 Orlando, FL 32896-0090	W	September, 2006 Revolving Retail Credit Card				1,820.00
ACCOUNT NO. CAC Financial Corp Suite 1000 East 2601 N W Expressway Oklahoma City, OK 43112		Assignee or other notification for: J C P /G E Money Bank				
ACCOUNT NO. Integrated Protfolio Management Inc L V N V Funding L L C G E Capital P.O. Box 3352 Glen Ellyn, IL 60138		Assignee or other notification for: J C P /G E Money Bank				
ACCOUNT NO. J C Penney P.O. Box 981131 El Paso, TX 79998		Assignee or other notification for: J C P /G E Money Bank				

Sheet no. 7 of 14 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,218.55**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Joliet Junior College C/O Marji A. Swanson, Esq. 2455 Glenwood Avenue Joliet, IL 60435-5493	W	School Books		X		1,816.78
ACCOUNT NO. Marji Swanson, Esq McKeown, Et Al. 2455 Glenwood Ave Joliet, IL		Assignee or other notification for: Joliet Junior College				
ACCOUNT NO. 033-5493-052 Kohl's Chase P.O. Box 2983 Milwaukee, WI 53201-2983	W	February, 2002. Retail store credit card.		X		1,508.00
ACCOUNT NO. Merchants \$ Medical Credit Corp 6324 Taylor Dr. Flint, MI 48507		Assignee or other notification for: Kohl's				
ACCOUNT NO. 697800-001-799-5163 Lane Bryant P.O. Box 856132 Louisville, KY 40285-6132	W	Retail store revolving credit card		X		420.00
ACCOUNT NO. Lane Bryant P.O. Box 84047 Columbus, GA 31908-4047		Assignee or other notification for: Lane Bryant				
ACCOUNT NO. Lee Lichtenberg, M D Shaiba Ansari Ali M D 302 Randall Rd Geneva, IL 60134	W	medicla		X		30.00

Sheet no. **8** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,774.78**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBATOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Lincoln Medical Associates P.O. Box 245 Eola, IL 60519	W	May 15, 2008. Medical charges	X			295.00
ACCOUNT NO. L000961003 Linden Oaks Hospital Dep't 4070 Carol Stream, IL 60122-4070	W	Medical Services. May, 2008.	X			138.55
ACCOUNT NO. Revenyue Production Mgmt IL T Inc. Dep't 77308 Detroit, MI 48277		Assignee or other notification for: Linden Oaks Hospital				
ACCOUNT NO. L000962126 Linden Oaks Hospital 3471 Eagle Way Chicago, IL 60678	W	Medical Services	X			324.00
ACCOUNT NO. Linden Oaks Medical Group 3471 Eagle Way Chicago, IL 60678	W	Medical Services. Febrary and March, 2008	X			439.00
ACCOUNT NO. NCO Financial Systems Inc P.O. BOX 959 BROOKFIELD, WI 53008		Assignee or other notification for: Linden Oaks Medical Group				
ACCOUNT NO. O S I Collection Services P.O Box 959 Brrokfield, WI 53008		Assignee or other notification for: Linden Oaks Medical Group				

Sheet no. **9** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,196.55**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 8192414244263 1 Lowes P.O. Box 53014 Atlanta, GA 30353-0914	H	December, 2007		X		1,576.00
ACCOUNT NO. Lowes P.O. Box 981064 El Paso, TX 79998-1064		Assignee or other notification for: Lowes				
ACCOUNT NO. 8192414096583 1 Lowes P.O. Box 53014 G E Money Bank Atlanta, GA 30353-0914	W	Feb., 2007 Retail credit		X		1,744.00
ACCOUNT NO. 36-20-93-2894 1 Nicor Gas P.O. Box 2020 Aurora, IL 60507-2020	W	Past Due gas bill		X		989.19
ACCOUNT NO. 2008-3891/19227 North Aurora Fire Department P.O. Box 193 North Aurora, IL 60542	W	Feb., April, May, 2008		X		1,043.20
ACCOUNT NO. Orchard Village Apartments C/O Sanforn Kahn, Esq. 180 N La Salle, Suite 205 Chicago, IL 60601	W					0.00
ACCOUNT NO. DC0026652875 Provena Mercy Medical Center Suite 1871 75 Remittance Drive Chicago, IL 60675-1871	W	January, May, June, July, August, 2008. Ongoing medical issues		X		9,262.07

Sheet no. **10** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **14,614.46**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Aurora Emergency Assoc. Ltd Dep't 20-6002 P.O. Box 5990 Carol Stream, IL 60197		Assignee or other notification for: Provena Mercy Medical Center				
ACCOUNT NO. Miramend Revenue Group Dep't 77304 P.O. Box 77000 Detroit, MI 48277		Assignee or other notification for: Provena Mercy Medical Center				
ACCOUNT NO. Revenue Cycle Partners Ste 300 2870 Stoner Ct North Liberty, IA 52317		Assignee or other notification for: Provena Mercy Medical Center				
ACCOUNT NO. Provena St. Joseph Medical Center 75 Remittance Drive Chicago, IL 60675	W	January, 2008. Medical bill				45.00
ACCOUNT NO. Pellettieri & Assoc Trust Dep't 77304 P.O. Box 77000 Detroit, MI 48277		Assignee or other notification for: Provena St. Joseph Medical Center				
ACCOUNT NO. 5058440515 Quest Diagnostics P.O. Box 64804 Baltimore, MD 21264-4804	W	Medical Services. 3-03-08		X		43.00
ACCOUNT NO. Ammerican Medical Collection Agency P.O. Box 1235 Elmsford, NY 10523		Assignee or other notification for: Quest Diagnostics				

Sheet no. **11** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **88.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Riaz Babaer, M D P.O. Box 1446 Aurora, IL 60507	W	5/18/08. Medical		X		18.70
ACCOUNT NO. 27081413 Rush Copley Medical Center 2000 Ogden Avenue Aurora, IL 60504	W	Feb., 8 & 28, 2008. Medical Services		X		1,196.58
ACCOUNT NO. Medical Business Bureau L L C P.O. Box 1219 Park Ridge, IL 60068		Assignee or other notification for: Rush Copley Medical Center				
ACCOUNT NO. Seema Gupta M D Ste 232 1220 Hobson Rd Naperville, IL 60540	W	Medical		X		20.00
ACCOUNT NO. Spirit Of American Professional Bureau Of Collections M D P.O. Box 628 Elk Grove, CA 95759	W					420.08
ACCOUNT NO. Professional Bureau Of Collections M D Dep't 11196 P.O. Box 1259 Oaks, PA 19456		Assignee or other notification for: Spirit Of American				
ACCOUNT NO. 0423-4400-01 State Farm Insurance Support Center P.O. Box 680001 Dallas, TX 75368-0001	J	Past Due Insurance Premiums		X		809.38

Sheet no. **12** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,464.74**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. The University Of Illinois At Chicago Physician Group 1, P.O. Box 3293 135 S La Salle St Chicago, IL 60674	W					0.00
ACCOUNT NO. Tweeter P.O. Box 960061 Orlando, FL	W	Revolving credit card		X		7,579.00
ACCOUNT NO. Twins Landscaping And Snow Removal 401 N E Industrial Dr Aurora, IL 60505	W			X		170.00
ACCOUNT NO. M403181 Valley Emergency Care P.O. Box 9030 Wheeling, IL 60090	W	April, 2008		X		28.80
ACCOUNT NO. 812570001 Village Of Plainfield 24401 W Lockport St Plainfield, IL 60544	W	Outstanding water bill		X		63.29
ACCOUNT NO. Village Of Plainfield 24401 W Lockport St Plainfield, IL 60544	W	water bill		X		185.88
ACCOUNT NO. 5449 Wells Fargo Financial Bank P.O Box 98751 Las Vegas, NV 89193-8751	H	November, 2007.		X		3,725.00

Sheet no. **13** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **11,751.97**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 9455 Wells Fargo Financial Bank P.O. Box 98751 Las Vegas, NV 89193-8751	H	Nov., 2007		X		3,794.00
ACCOUNT NO. Will County Treasurer 302 N Chicago St Joliet, IL 60432	J	Real Estate Taxes. June 2008		X		8,726.64
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Sheet no. **14** of **14** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **12,520.64**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **172,016.92**

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Daughter	AGE(S):
EMPLOYMENT:	DEBTOR	SPOUSE
Occupation Name of Employer Social Security Administration How long employed Address of Employer	Flytel Communications 6 years 2933 Carlisle Ln North Aurora, IL 60542	

INCOME: (Estimate of average or projected monthly income at time case filed)

	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 3,478.52	\$ 7,000.00
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ 3,478.52	\$ 7,000.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 849.03	\$ _____
b. Insurance	\$ _____	\$ _____
c. Union dues	\$ 29.53	\$ _____
d. Other (specify) <u>See Schedule Attached</u>	\$ 985.50	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1,864.06	\$ 0.00
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,614.46	\$ 7,000.00
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) _____	\$ _____	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ _____	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 1,614.46	\$ 7,000.00
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 8,614.46	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Flynn, Edith

Case No. _____

Debtor(s)

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
FERS Retirement	27.28	
FEGLI	49.18	
Thrift Savings Plan Loan	162.15	
OASDI	196.17	
Health Benefits	314.47	
FEGLI-Regular	19.35	
Charity	9.49	
Recovery-Voluntary Thrift Savings	204.64	
FEGLI__Regular	2.77	

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☒ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	900.00
a. Are real estate taxes included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
b. Is property insurance included? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
2. Utilities:		
a. Electricity and heating fuel	\$	
b. Water and sewer	\$	140.00
c. Telephone	\$	120.00
d. Other Work Lunches	\$	100.00
Auto Maintenance	\$	40.00
3. Home maintenance (repairs and upkeep)	\$	
4. Food	\$	600.00
5. Clothing	\$	200.00
6. Laundry and dry cleaning	\$	200.00
7. Medical and dental expenses	\$	395.00
8. Transportation (not including car payments)	\$	850.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	15.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	
b. Life	\$	43.00
c. Health	\$	
d. Auto	\$	527.00
e. Other	\$	
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	\$	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	
b. Other	\$	
14. Alimony, maintenance, and support paid to others	\$	300.00
15. Payments for support of additional dependents not living at your home	\$	500.00
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other See Schedule Attached	\$	1,140.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 6,170.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
Expenditures have decreased due to Debtor being unable to work full time due to medical condition

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	1,614.46
b. Average monthly expenses from Line 18 above	\$	6,170.00
c. Monthly net income (a. minus b.)	\$	-4,555.54

IN RE Flynn, Edith

Case No. _____

Debtor(s)

(If known)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

SPOUSE

1. Rent or home mortgage payment (include lot rented for mobile home)	\$	3,500.00
a. Are real estate taxes included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
b. Is property insurance included? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
2. Utilities:		
a. Electricity and heating fuel	\$	345.00
b. Water and sewer	\$	89.75
c. Telephone	\$	120.00
d. Other _____	\$	
3. Home maintenance (repairs and upkeep)	\$	100.00
4. Food	\$	500.00
5. Clothing	\$	80.00
6. Laundry and dry cleaning	\$	80.00
7. Medical and dental expenses	\$	75.00
8. Transportation (not including car payments)	\$	900.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$	100.00
10. Charitable contributions	\$	60.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	
b. Life	\$	
c. Health	\$	
d. Auto	\$	500.00
e. Other _____	\$	
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify) _____	\$	
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	538.00
b. Other _____	\$	
14. Alimony, maintenance, and support paid to others	\$	1,040.00
15. Payments for support of additional dependents not living at your home	\$	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$	
17. Other _____	\$	
	\$	
	\$	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$	8,027.75

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:
None

20. STATEMENT OF MONTHLY NET INCOME

a. Average monthly income from Line 15 of Schedule I	\$	7,000.00
b. Average monthly expenses from Line 18 above	\$	8,027.75
c. Monthly net income (a. minus b.)	\$	-1,027.75

IN RE Flynn, Edith

Case No. _____

Debtor(s)

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Continuation Sheet - Page 1 of 1

Other Expenses (DEBTOR)

Remington Landings Homeowners Assoc. Assessment	36.00
IPass	20.00
Cleaning Service	160.00
Grooming	200.00
Pet Supplies/Vet.	90.00
Banking Charges And Fees	100.00
Lawyer/Professional Fees	150.00
Internal Revenue Service Payment Plan	384.00

IN RE Flynn, Edith Debtor(s) Case No. _____ (If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 33 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: November 2, 2008 Signature: /s/ Edith Flynn
Edith Flynn Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)
[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer _____ Social Security No. (Required by 11 U.S.C. § 110.)
If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address _____

Signature of Bankruptcy Petition Preparer _____ Date _____

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE: Case No. _____
Flynn, Edith Chapter 7
Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE
36,876.00 Social Security administration;

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☐ a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
Countrywide Bank P.O. Box 650070 Dallas, TX 75265-0070	Monthly	3,498.00	380,000.00

Ford Motor Credit
P.O. Box 790093
St. Louis, MO 63179-0093

500.00

0.00

None ☒ *b. Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ *c. All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ *a.* List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
Sherman Residential; Ben Sherman and Sons; orchard Village Apts v. Edith Flynn	Collection	Kane County	Unknown
joliet junior college v. edith flynn	Collection	Will County Circuit Court, Joliet, Illinois	Default Judgment

None ☐ *b.* Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
Ford Motor Credit P.O. Box 790093 St. Louis, MO 63179-0093	September, 2008	Mustang Automobile

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
Countrywide Bank P.O. Box 650070 Dallas, TX 75265-0070	2007	Single Family Residence

6. Assignments and receiverships

None ☒ *a.* Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ *b.* List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Vincent Cook 403 West Galena Ste 206 Aurora, IL 60506	9/03/2008	1,200.00

10. Other transfers

None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
2933 Carlisle lane, North Aurora, IL	Edith Flynn	until Nov. 2007

Debtors' interests in the property are being foreclosed and the property eing sold at a Sheriff's sale

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☒ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☒ b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **November 2, 2008** Signature /s/ Edith Flynn
of Debtor **Edith Flynn**

Date: _____ Signature _____
of Joint Debtor
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Flynn, Edith

Chapter 7

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
- ☐ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
- ☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
2007 Sx4	American Suzuki				✓
Single family residence, commonly known	Countrywide Bank				✓
2007 Ford Mustang	Ford Motor Credit	✓			
2003 E250 Cargo Truck	Ford Motor Credit				✓
2003 E250 Cargo Truck	Ford Motor Credit				✓
2007 Toyota Highlander	Toyota Financial Services				✓
11425 Glen Circle Plainfield, Illinois Forme	Washington Mutual	✓			

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)

11/02/2008**/s/ Edith Flynn**

Date

Edith Flynn

Debtor

Joint Debtor (if applicable)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. _____

Flynn, Edith

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 99

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: November 2, 2008

/s/ Edith Flynn

Debtor

Joint Debtor

Flynn, Edith
11507 Glen Circle
Plainfield, IL 60585

Bancroft Family Dental
1940 W Galena
Aurora, IL 60506

Chase
P.O. Box 24714
Columbus, OH 43224

Law Offices Of Vincent Cook
403 West Galena Blvd., Suite 206
Aurora, IL 60506-3947

Bill Me Later
P.O. Box 105658
Atlanta, GA 30348

Chase
P.O. Box 15298
Wilmington, DE 19850-5298

A. Trojanowska, M D
1049 E Wilson
Batavia, IL 60510

C B Accounts Inc, National Communications
P.O. Box 5435
Dep't 102
Carol Stream, IL 60197

Citi Cards
Processing Center
P.O. Box 688914
Des Moines, IA 50368-8914

Allied Interstate
3000 Corporate Exchange Dr
Columbus, OH 43231

CAC Financial Corp
Suite 1000 East
2601 N W Expressway
Oklahoma City, OK 43112

Citi Cards
Processing Center
P.O. Box 6500
Sioux Falls, SD 57117-6500

American General
P.O. Box 3212
Evansville, IN 47732-3212

Carson Pirie Scott
H S B C
P.O. Box 17264
Baltimore, MD 21297-1264

Citi Cards
Processing Center
P.O. Box 44180
Jacksonville, FL 32231-4180

American General
2149 W Jefferson St.
Joliet, IL 60435-6621

Cedar Rustic
99 Republic Avenue
Joliet, IL 60435

Citi Diamond Preferred Rewards Card
Citi Platinum Select Card
P.O. Box 6000
The Lakes, NV 89163-6000

American Suzuki
Financial Services Co. L L C
P.O. Box 7140
Little Rock, AR 72223

Central Portfolio Control Inc
#300
6640 Shady Oak Rd
Eden Prairie, MN 55344

Citi Diamond Preferred Rewards Card
P.O. Box 6000
The Lakes, NV 89163-6000

Ammerican Medical Collection Agency
P.O. Box 1235
Elmsford, NY 10523

Century Trace Homeowners
Property Specialists Inc.
5999 S New Wilke Rd, #108
Rolling Meadows, IL 60008

Citi Platinum Select Card
P.O. Box 688918
Des Moines, IA 50368-8919

Amy Micepic
Suite 100
13246 Rt. 59
Plainfield, IL 60586

Chase
P.O. Box 9001020
Louisville, KY 40290-1020

Citibusiness Card
P.O. Box 688902
Des Moines, IA 50368

Aurora Emergency Assoc. Ltd
Dep't 20-6002
P.O. Box 5990
Carol Stream, IL 60197

Chase
P.O. Box 15153
Wilmington, DE 19886-5153

ComEd
Bill Payment Center
Chicago, IL 60668-0001

Constance J Elsmann L C P C
Ste 202
1723 Simms St
Aurora, IL 60504

H F C
P.O. Box 17574
Baltimore, MD 21297-1574

Joliet Junior College
C/O Marji A. Swanson, Esq.
2455 Glenwood Avenue
Joliet, IL 60435-5493

Countrywide Bank
P.O. Box 650070
Dallas, TX 75265-0070

H F C
2824 Plainfield Road
Joliet, IL 60435

KCA Financial Services Inc
P.O. Box 53
628 North St
Geneva, IL 60134

Delnor Community Hospital
P.O. Box 88055
Chicago, IL 60680-1055

Home Depot
P.O. Box 6497
Sioux Falls, SD 57117-6497

Kohl's
Chase
P.O. Box 2983
Milwaukee, WI 53201-2983

Discover Financial Services
P. O. Box 30395
Salt Lake City, UT 84130-0395

Home Depot
Citibank
Processing Center
Des Moines, IA 50364-0500

Lane Bryant
P.O. Box 856132
Louisville, KY 40285-6132

Edward Hospital & Health Services
P. O. Box 4207
Carol Stream, IL 60197

Home Depot
P.O. Box 689100
Des Moines, IA 50368-9100

Lane Bryant
P.O. Box 84047
Columbus, GA 31908-4047

Encore Receivable Management Inc.
Po Box 3330
400 N Rogers Rd
Olathe, KS 66063

Illinois Community College District 525
Joliet Junior College
215 Houbolt Rd
Joliet, IL 60431

Lee Lichtenberg, M D
Shaiba Ansari Ali M D
302 Randall Rd
Geneva, IL 60134

Financial Services Co., L L C
P.O. Box 1762
Greeley, CO 80632-1762

Integrated Portfolio Management Inc
L V N V Funding L L C G E Capital
P.O. Box 3352
Glen Ellyn, IL 60138

Lincoln Medical Associates
P.O. Box 245
Eola, IL 60519

First Care Ambulance
1941 Selmartin Rd
Aurora, IL 60505-1337

Internal Revenue Service
Cincinnati, OH 45999-0030

Linden Oaks Hospital
Dep't 4070
Carol Stream, IL 60122-4070

Ford Motor Credit
P.O. Box 790093
St. Louis, MO 63179-0093

J C P /G E Money Bank
P.O. Box 960090
Orlando, FL 32896-0090

Linden Oaks Hospital
3471 Eagle Way
Chicago, IL 60678

G E Money Bank
P.O. Box 960061
Orlando, FL 32898-0061

J C Penney
P.O. Box 981131
El Paso, TX 79998

Linden Oaks Medical Group
3471 Eagle Way
Chicago, IL 60678

Lowes
P.O. Box 53014
Atlanta, GA 30353-0914

NCO Financial Systems Inc
P.O. Box 61247
Dep't 64
Virginia Beach, VA 23462

Provena St. Joseph Medical Center
75 Remittance Drive
Chicago, IL 60675

Lowes
P.O. Box 53014
G E Money Bank
Atlanta, GA 30353-0914

Nicor Gas
P.O. Box 2020
Aurora, IL 60507-2020

Quest Diagnostics
P.O. Box 64804
Baltimore, MD 21264-4804

Lowes
P.O. Box 981064
El Paso, TX 79998-1064

North Aurora Fire Department
P.O. Box 193
North Aurora, IL 60542

RCS Revenue Cycle Solutions
P.O. Box 7229
Westchester, IL 60154

Medical Business Bureau L L C
P.O. Box 1219
Park Ridge, IL 60068

Northland Group Inc
P.O. Box 390905
Eduba, NB

Retail Services
P.O. Box 15521
Wilmington, DE 19850-5521

Merchants \$ Medical Credit Corp
6324 Taylor Dr.
Flint, MI 48507

O S I Collection Services
P.O Box 959
Brrokfield, WI 53008

Revenue Cycle Partners
Ste 300
2870 Stoner Ct
North Liberty, IA 52317

Miramed Revenue Group
Dep't 77304
P.O. Box 77000
Detroit, MI 48277

Orchard Village Apartments
C/O Sanforn Kahn, Esq.
180 N La Salle, Suite 2025
Chicago, IL 60601

Revenyue Production Mgmt IL T Inc.
Dep't 77308
Detroit, MI 48277

NCO Financial Systems Inc
507 Prudential Rd
Horsham, PA 19044

Pellettieri & Assoc Trust
Dep't 77304
P.O. Box 77000
Detroit, MI 48277

Riaz Babaer, M D
P.O. Box 1446
Aurora, IL 60507

NCO Financial Systems Inc
P.O. BOX 959
BROOKFIELD, WI 53008

Penncro Associates Inc
P.O. Box 1878
South Hampton, PA 18960

Rush Copley Medical Center
2000 Ogden Avenue
Aurora, IL 60504

NCO Financial Systems Inc
P.O. BOX 15889
Wilmington, DE 19850

Professional Bureau Of Collections M D
Dep't 11196
P.O. Box 1259
Oaks, PA 19456

Seema Gupta M D
Ste 232
1220 Hobson Rd
Naperville, IL 60540

NCO Financial Systems Inc
P.O. Box 18265
Columbus, OH 43218

Provena Mercy Medical Center
Suite 1871
75 Remittance Drive
Chicago, IL 60675-1871

Spirit Of American
Professional Bureau Of Collections M D
P.O. Box 628
Elk Grove, CA 95759

State Farm
Insurance Support Center
P.O. Box 680001
Dallas, TX 75368-0001

Will County Treasurer
302 N Chicago St
Joliet, IL 60432

The University Of Illinois At Chicago
Physician Group 1, P.O. Box 3293
135 S La Salle St
Chicago, IL 60674

Toyota Financial Services
P.O. Box 5855
Carol Stream, IL 60197

Twins Landscaping And Snow Removal
401 N E Industrial Dr
Aurora, IL 60505

U S Treasury
P.O. Box 1233
Charlotte, NC 28201

Valley Emergency Care
P.O. Box 9030
Wheeling, IL 60090

Village Of Plainfield
24401 W Lockport St
Plainfield, IL 60544

Washington Mutual
7757 Bayberry Rd
Jacksonville, FL 32256

Wells Fargo Financial Bank
P.O Box 98751
Las Vegas, NV 89193-8751

Wells Fargo Fnancial Bank
P.O. Box 98751
Las Vegas, NV 89193-8751

IN RE:

Case No. _____

Flynn, Edith

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **1,501.00**

Prior to the filing of this statement I have received \$ **1,400.00**

Balance Due \$ **101.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]

Debtors responsible for all costs in addition to fees

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:
Contested Motions, Contested Proceedings, and Adversary proceedings

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

November 2, 2008

Date

/s/ Vincent S. Cook

Signature of Attorney

Law Offices Of Vincent Cook

Name of Law Firm